Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
Kern Family Health Care of California

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California Department of Health Services

Delmarva Foundation
Improving Healthcare in the Communities We Serve.

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2005 Annual Review: Kern Family Health Care

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Kern Family Health Care (KFHC) of California to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- Quality, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- Access (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- Timeliness as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well Kern Family Health Care (KFHC) of California performs in the areas of quality, access, and timeliness, it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas.

Methodology and Data Sources

Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations. Delmarva utilized four sets of data to evaluate KFHC of California's performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS), is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS) Version, 3.0H is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on KFHC of California

KFHC is a full service, not for profit health plan contracted in Kern County as a local initiative (LI) plan. The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since May 6, 1996. As of July 2003, KFHC's total Medi-Cal enrollment was 69,789 members.

During the HEDIS reporting year of 2004, KFHC of California collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations.
- Breast Cancer Screening.

- Cervical Cancer Screening.
- Chlamydia Screening.
- Use of Appropriate Medications for People with Asthma.

To assess member satisfaction with care and services offered by KFHC, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom KFHC provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties an understanding regarding whether children with complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, KFHC submitted the following for review:

- Improving Adolescent Well-Care
- Health Education Behavioral Assessment (Staying Healthy)
- Immunization Collaborative

The health plan systems review for KFHC reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covered activities performed by the health plan from November 2002 to October 2003 and was conducted November 3-6, 2003. This process includes document review, verification studies, and interviews with KFHC staff. These activities assess compliance in the following areas:

- Utilization Management
- Continuity of Care
- Availability and Accessibility
- Member Rights
- Quality Management
- Administrative and Organizational Capacity

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covers services provided from January - December 2002, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by KFHC, as well as its marketing practices.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page two of this report. The following table shows the aggregate results obtained by KFHC.

Table 1. 2004 HEDIS Quality Measure Results for KFHC of California

HEDIS Measure	2004 KFHC Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status-Combo 1	56.6%	64.7%	61.8%
Breast Cancer Screening	47.4%	53.1%	55.8%
Cervical Cancer Screening	57.3%	60.8%	63.8%
Chlamydia Screening in Women	38.9%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	63.1%	61.0%	64.2%

KFHC exceeded the Medi-Cal managed care average for two HEDIS measures and fell below the Medi-Cal managed care average for three HEDIS measures. The "Chlamydia Screening in Women" measure and "Use of Appropriate Medications for People with Asthma" measure results for KFHC exceeded the Medi-Cal managed care average although they fell below the National Medicaid HEDIS average. KFHC's HEDIS results were less favorable compared to the National Medicaid HEDIS average.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of KFHC enrollees regarding their satisfaction with care. Also surveyed was a subset of the KFHC childhood population who has special health care needs. They are reflected by the CSHCN notation in table 2. The non CSHCN reflects the parents' response for children in the KFHC population not identified as having chronic care needs.

Table2. 2004 CAHPS Quality Measure Results for KFHC of California

CAHPS Measure	Population	2004 KFHC Rate	2004 Medi-Cal Average
Getting Needed Care	Adult	71%	69%
	Child	75%	77%
	CSHCN	66%	N/A
	Non-CSHCN	81%	N/A
How Well Doctors Communicate	Adult	47%	51%
	Child	48%	52%
	CSHCN	52%	N/A
	Non-CSHCN	48%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for adults as compared to children. The KFHC adult rate also exceeded the Medi-Cal managed care average (71% versus 69%). Also of note is that parents of children with chronic care conditions (CSHCN) report less satisfaction with "Getting Needed Care" than their Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for KFHC's practitioner network's to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that KFHC members perceive that there are opportunities for improvement in practitioner communication. The KFHC adult and child rates for this measure fell below the Medi-Cal managed care average. The finding that parents of the CSHCN population have a higher rate of satisfaction with communication as parents of Medi-Cal children (52% versus 48%) leads to the belief that practitioners do differentiate in their communication style between the two groups.

When considering the HEDIS quality measure results with the CAHPS results, one observes that there is generally less satisfaction with children's access to care and physician communication among KFHC members when compared to general Medi-Cal members. This finding may leads one to question if there is am inverse relationship between satisfaction and the receipt of care by KFHC members. The plan may wan to perform further research to ascertain if such a relationship exists.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), KFHC used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted KFHC's success in achieving its targeted goal.

Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIPs) performed by KFHC can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by KFHC.

Increasing Utilization of Adolescent Health Care Services

- Relevance:
  - In 2002 KFHC's HEDIS rate for adolescent well-care visits, 27.2%, which the MCO categorized as unsatisfactory.
- Goals:
  - Increase the number of adolescent well care visits.
- Best Interventions:
  - "Teen Wellness Reward Program" – adolescents receive two movie tickets for their birthday in exchange for a wellness exam.
- Outcomes:
  - N/A - This project is a baseline measure.
- Attributes/Barriers to Outcomes:
  - Barrier: Providers feel there is no monetary incentive to contact adolescents for a well-care visit.
  - Barrier: PCPs think a physical exam constitutes a well-care visit.
  - Barrier: Adolescents do not interact with their PCP unless it is an urgent/emergent situation.

Health Education Behavioral Assessment (Staying Healthy)

Relevance:

- KFHC believes the Staying Healthy Assessment is an important aspect of health care services for members to enable the MCO to: identify high-risk behaviors, assist providers in prioritizing individual health education needs, assist providers in initiating and documenting interventions, referrals, and follow-up, and define the process for identifying members educational needs.

- Goals:
  - New members will complete the Staying Healthy Assessment questionnaire as part of their initial health assessment within 120 days of enrollment. The rate of compliance will be 50% at first re-measurement, 75% at second re-measurement, and 90% at third re-measurement.
- Best Interventions:
  - Annual progress report sent to providers evaluating their performance in completing Staying Healthy assessments.

- Staying Healthy assessment form included in the Site/Medical Record Review Survey and scored in adult and pediatric preventive criteria.
- Focus Review survey for provider sites that includes a mandatory section on the completion of the Staying Healthy Assessment form.
- Provider newsletter featured plan for the completion of the Staying Healthy assessment form.

➢ Outcomes:

- Improvement from baseline measurement in the rate of completion of the Staying Healthy assessment form:

  Re-measurement 1: 45.72%

  Re-measurement 2 67.68%

➢ Attributes/Barriers to Outcomes:

- Barrier: A number of providers felt the assessment was additional paperwork that was repetitive.
- Barrier: Limited Quality Improvement staff to collect data and perform analysis.

Immunization Collaborative

➢ Relevance:

- Recognition of the need for timely immunizations for children.
- Ten percent (7,866) of KFHC's Medi-Cal population is 0 – 2 years old.

➢ Goals: Continued improvement and focused activities to increase the immunization rate.

➢ Best Interventions:

- Identified providers accounting for high volumes of childhood immunizations.
- Recruited providers to participate in the immunization project.
- Established working relationships with immunization registries.
- Educational brochure mailed to providers.

➢ Outcomes:

- HEDIS 2003 rates for immunizations:

Combo 1 = 57%,

Combo 2 = 56%

➢ Attributes/Barriers to Outcomes:

- Barrier: Some providers lack sufficient computer hardware or staff to participate in the immunization registry.
- Barrier: Difficulty identifying an incentive to motivate providers to participate in the immunization registry.

Table 3: Quality Improvement Project Performance Results- KFHC

QIP Activity	Indicator	Baseline	Re-measurement			
			#1	#2	#3	#4
Improving Adolescent Well-Care	Percentage of members who had a well care visit	25.55%				
Health Education Behavioral Assessment (Staying Healthy)	Percentage of members completing the Staying Healthy Assessment questionnaire within 120 days of enrollment.	14%	45.72%	67.68%		
Immunization Collaborative	HEDIS Combo 1 rate HEDIS Combo 2 rate	Not reported	57% 56%			

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, KFHC was assessed specifically in the following areas:

- Quality Management Review Requirements
  - Qualified Providers
  - Program Description and Structure
  - Administrative Services
  - Delegation of QIP Activities
- Member's Rights
  - Grievance Systems
- Continuity of Care
  - Coordination of Care: Within the Network
  - Coordination of Care: Outside the Network/Special Arrangements
  - Initial Health Assessment
  - Referral Follow-Up Care System

KFHC was found to have opportunities for improvement in the areas of qualified providers, program description and structure, administrative services and grievance systems. As well, opportunities for improvement were also identified related to coordination of care outside the network and for special arrangements, initial health assessments and the referral follow-up care system. Within six months, KFHC addressed all identified deficiencies to the Department's satisfaction.

Summary of Quality

In summary, KFHC of California demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure, the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for KFHC of California

HEDIS Measure	2004 KFHC Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	80.5%	75.7%	76.0%
Postpartum Check-up Following Delivery	56.8%	55.7%	55.2%

KFHC scored above the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and the "Postpartum Check-up Following Delivery" rate. Although KFHC's postpartum check-ups rate is higher than the Medi-Cal average, the plan may want to link prenatal visits against postpartum visits which could help improve postpartum check-up rates.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "Getting Care Quickly" is used as a proxy measure for access and availability.

Table 5. 2004 CAHPS Access Measure Results for KFHC of California

CAHPS Measure	Population	2004 KFHC Rate	Medi-Cal Managed Care Average
Getting Care Quickly	Adult	32%	35%
	Child	36%	38%
	CSHCN	34%	N/A
	Non-CSHCN	34%	N/A

Findings from 2004 indicate that KFHC scored below the Medi-Cal managed care average for adults and children in this measure. However, of greater importance is the fact that children with chronic care needs (CSHCN) have slightly less satisfaction with access than KFHC's Medi-Cal children's population. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the complex care population is less satisfied with their ability to obtain routine care and when they perceive a

more urgent need, they are not necessarily better able to obtain care compatible with their expectations. We can infer from these results that there may be opportunity for improvement in the area of access pertaining to this measure.

Quality Improvement Projects

KFHC of California quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and DMHC. This audit covered health plan activity from 2002-2003 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

- Member's Rights
  - Cultural and Linguistic Services
  - Primary Care Physician
- Availability and Access
  - Access To Medical Care
  - Access To Emergency Services
  - Access To Pharmaceutical Services
  - Access To Specific Services

After completion of the review, DHS/DMHC, identified opportunities in the area of access to medical care, emergency and specific services. Additionally, deficiencies were identified in the areas of cultural and linguistic services. To address these opportunities, DHS/DMHC conducted active oversight of KFHC's corrective action process. KFHC effectively implemented recommendations related to Access Review Requirements and corrected each identified opportunity within six months of the final report findings.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. KFHC has demonstrated performance better than the Medi-Cal average for timeliness of prenatal care and postpartum visits after delivery. However, member satisfaction with obtaining care quickly requires more attention to understand the reasons why KFHC members are generally less satisfied than Medi-Cal enrollees on average. Combining

all the data sources used to assess access, KFHC has addressed the areas cited in the A&I audit where improvement was needed. KFHC corrected the identified issues and attained compliance with the access standards required by DHS/DMHC.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for KFHC of California

HEDIS Measure	2004 KFHC Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	36.5%	48.7%	45.3%
Adolescent Well-Care Visits	25.5%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	50.0%	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	50.0%	33.1%	N/A

The "Well Child Visits in the First 15 Months of Life" measure and the "Adolescent Well-Care Visits" measure fell below both the Medi-Cal managed care average and the National Medicaid HEDIS average. When looking at this data compared to the HEDIS childhood immunization results for KFHC, it is explicable that the rates are found to be low for both measures (Childhood Immunization Status and Well Child Visits in the First 15 Months of Life or 6 or more visits). This may indicate that if practitioners

performed more well child visits, the childhood immunization rates may be higher. This may indicate opportunities for improvement in the area of timeliness relative to these measures.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7. 2004 CAHPS Timeliness Measure Results for KFHC of California

CAHPS Measure	Population	2004 KFHC Rate	2004 Medi-Cal Average
Courteous and Helpful Office Staff	Adult	51%	54%
	Child	51%	53%
	CSHCN	54%	N/A
	Non-CSHCN	50%	N/A
Health Plan's Customer Service	Adult	75%	70%
	Child	81%	81%
	CSHCN	75%	N/A
	Non-CSHCN	84%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. KFHC adult and parents of child members find office staff less helpful when compared to the Medi-Cal average. This could explain the reason that KFHC scored below the Medi-Cal average in three of the five (60%) HEDIS quality measures. If staff is not perceived helpful or courteous, members may not feel able to get information needed to obtain care. It is noteworthy that parents of children with chronic care needs find office staff slightly more courteous and helpful than general Medi-Cal enrollees. This is important as this population often requires more guidance from office staff in order to avoid crisis care management. KFHC adult members generally find health plan customer services staff less helpful than the child population (75% versus 81%). However, the adult rate exceeded the Medi-Cal average by several percentage points (75% versus 70%). The CSHCN population scored at the same rate as the adult population for this measure yet fell below the child rate. This chronic needs population is likely to require more information related to direct medical care. This information is likely to be better provided by the medical office staff.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPS. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. KFHC used a variety of mechanisms to address timeliness, including sending birthday card reminders, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the

practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. KFHC acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in QIP studies that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2002-2003 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

- Utilization Management
  - Prior Authorization Review Requirements.
  - Prior Authorization Appeal Process.
  - Pharmaceutical Services in Emergency Circumstances.

DHS/DMHC assessed timeliness review requirements and made recommendations for improvement related to prior authorization review requirements as well as pharmaceutical services in emergency circumstances. KFHC effectively addressed issues identified in the utilization management process and corrected identified deficiencies within six month to the Department's satisfaction.

Summary for Timeliness

Timeliness barriers are often identified as access issues. KFHC addressed timeliness in all of its HEDIS-Related QIP activities. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPs focus upon HEDIS-related topics and methodology, KFHC demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service. Additionally, the Staying Healthy activity directly addresses the provision of timely health screening.

Overall Strengths

Quality:

- Commitment of KFHC management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.

- Sustained improvement demonstrated in the completion of the Staying Healthy questionnaire within the 120 day standard.
- Precise documentation within the QIP that defines the relevance of the particular problem under study to the population being served by KFHC.

Access:

- KFHC exceeded the Medi-Cal average and the national Medicaid average for timeliness of prenatal care and postpartum exams. This is an indicator of adequate access for this segment of the population served by KFHC.
- Ability to correct access deficiencies noted in the joint audit by DHS and DHMC expediently.

Timeliness:

- KFHC CSHCN population find medical office staff helpful which is a likely determinant that impacts the ability of the population to receive an appropriate level of care as needed.
- KFHC's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Perform root cause analyses for QIP activities that fail to meet established goals.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective in achieving the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members' perceptions of their ability to access care when needed has an impact upon the actual receipt of timely care or service.
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report.

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